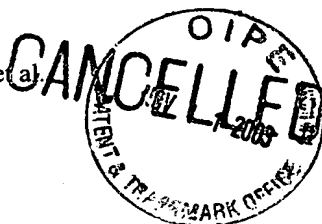


In re application of: Cynthia H. NORDNESS, et al.

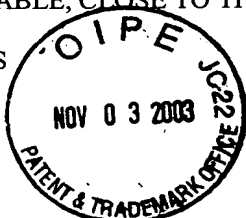
Serial No.: 10/021,901

Filed: 13 December 2001

For: PERMEABLE, CLOSE TO THE BODY LINER FOR SWIMWEAR



COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450



Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	33	MINUS	48	
INDEP.	4	MINUS	3	1
FIRST PRESENTATION OF MULTIPLE DEPEND. CLAIM				

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450, on	
29 OCTOBER 2003	10/29/03
<i>Melanie I. Rauch</i> Signature	Date of Signature

TECHNOLOGY CENTER R3700

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OTHER THAN A
SMALL ENTITY

SMALL ENTITY

RATE	ADD'L FEE
x 09 =	\$
43 =	\$
+ 145 =	\$
TOTAL ADD'L FEE	\$

OR

RATE	ADD'L FEE
x 18 =	\$
x 86 =	\$86.00
+ 290 =	\$
TOTAL	\$86.00

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is attached.
- ☒ A check in the amount of \$ 86.00 is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-3550. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,

Pauley Petersen & Erickson
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Hoffman Estates, Illinois 60195
(847) 490 1400
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Melanie I. Rauch
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